

1724

PLACE OF BIRTH  
 County of Gila  
 District of Globe  
 Town of Globe  
 or City of Globe

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160  
 Co. Register No. 148  
 Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD George Francis Hatch { Born } YE  
 { Alive } NO  
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other <u>-</u>	and {	Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Sept 29</u> 191 <u>7</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Wm Henry Hatch</u>			Full Maiden Name <u>Fredonia Gill</u>		
Residence <u>537 N. W. Shaw St</u>			Residence <u>Same</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>29</u> (Years)			Age at last Birthday <u>23</u> (Years)		
Birthplace <u>San Mateo, Calif</u>			Birthplace <u>Globe, Arizona</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

hereby certify that I attended the birth of the above child; and that it occurred on Sept 29 1917, at 4 P. M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. J. Surgeon

(Attending physician, midwife, householder\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 1917

Address \_\_\_\_\_

Filed Oct 1 1917

688-929-673  
 COUNTY REGISTRAR.

Filed Oct 5 1917 A True Copy

B. G. Dixon  
 LOCAL REGISTRAR.  
B. G. Dixon  
 COUNTY REGISTRAR.